



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL & HEALTH SERVICES Mental Health Division

Application for Appointment to the MENTAL HEALTH PLANNING & ADVISORY COUNCIL

Date:		
Name:		
Home Address:		
Business Address:		
Home Phone:		FAX:
Business Phone:		FAX:
Email Address:		

1. Do you identify yourself as a primary consumer of mental health services?
☐ No ☐ Yes
2. Are you a parent/custodial/foster parent of a minor child with a Serious Emotional Disturbance?
☐ No ☐ Yes
3. Are you a parent or sibling of an adult (over 18 years of age) with a Serious Mental Illness?
☐ No ☐ Yes (please specify):

4. Are you currently employed as a mental health service provider or professional who works with mental health consumers?

☐ No ☐ Yes (please specify):

5. Please list any experience and/or expertise you may have that you believe would be useful to the Council:

6. Please summarize your education, including any continuing educational courses and/or community offerings focusing on mental health advocacy:

7. Why are you interested in Council membership? What do you feel you can contribute to the Council?

8. What is your geographic region of the state?

<input type="checkbox"/> Chelan Douglas	<input type="checkbox"/> North Central	<input type="checkbox"/> South King County
<input type="checkbox"/> Clark	<input type="checkbox"/> North Sound	<input type="checkbox"/> Southwest
<input type="checkbox"/> Grays Harbor	<input type="checkbox"/> Northeastern	<input type="checkbox"/> Spokane
<input type="checkbox"/> Greater Columbia	<input type="checkbox"/> Peninsula	<input type="checkbox"/> Thurston-Mason
<input type="checkbox"/> King County	<input type="checkbox"/> Pierce	<input type="checkbox"/> Timberlands

9. Do you live in a rural area?

☐ No ☐ Yes (please explain):

10. The Council meets eight times per year for approximately five to six hours. The majority of these meetings are held in the SeaTac area. Given these parameters, please list any difficulties you may have in participating actively on the Council on a monthly basis.

The following demographic information assists in our effort to present a balanced representation on the Planning Council. However, you are not required to fill out every item to be considered for the Board. Therefore, you should decide which items you choose to complete.

The following information is provided on a voluntary basis:

1. Gender: ☐ Male ☐ Female
2. Age: _____
3. Hispanic: ☐ Yes ☐ No
4. Ethnic/Cultural Background:
- | | |
|---|---|
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> two or more races (check all that apply) | <input type="checkbox"/> Other |

Please attach a resume if available and return to:

Kathy Harris, Mental Health Division
PO Box 45320
Olympia, WA 98504-5320
or by Fax (360) 902-7691
Email: harrikj1@dshs.wa.gov

As an elected member of a public advisory council or subcommittee your name and representation will be posted on the MHPAC webpage. However, no personal information such as mailing address, phone number, or email address will be posted.

Signature

Date

MHPAC 04/08